

Dementia Medication Prescribing Guidelines

(Prescribing Support Document for the Management of Dementia Drugs in Primary Care)

KEY POINTS

- Initial medication(s) for dementia to be initiated by Specialist (RDaSH Memory Clinic)
- Only patients with a good therapeutic response and stable on treatment to be discharged
- Non-stable patients and/or patients prescribed antipsychotic's **to be retained** by Memory Clinic (GP prescribing in Primary Care as per current Shared Care)
- **Patients under other Provider Trusts:** on-going "prescribing responsibility" may be accepted by GP if appropriate 'Shared Care Protocol' (SCP) supplied by the Provider

Patient cohort ready to transfer from RDaSH

- Patient diagnosed with Dementia (RDaSH)
- Initiation, titration and stabilisation of Dementia treatment (RDaSH)
- Patient stable, monitored and reviewed for at least 6 months
- Have a care plan in place and only require annual reviews
- At least six (6) months before next annual review is due

Transfer Process

- Patients transferred to Primary Care (as per Dementia LES)
- RDaSH Memory Clinic:
 - Discharge Letter (*Appendix 1*) to GP
 - Supply at least 28 days of medication (*if pt not already under SCP*)
- GP practice: carry out medicines reconciliation

Prescribing in Primary care

- As per local CCG guidance (SCP, Traffic Light System and OptimiseRx)
- **Donepezil, galantamine, rivastigmine and/or memantine**
- Side-effects/Interactions/Dysphagia etc: **Utilise Dementia Drug Card**
- Consider need for medication compliance aids: Discuss with pharmacy *e.g. medicines administration record (MAR) charts, Multi-compartment Compliance Aids (MCAs)*

Medication Review in Primary Care

- Utilise "**RCCG Dementia LES 2022**" Template (**overleaf**)
- During Annual Review: "**Dementia Medication Review**" (**overleaf**)
- Document using **SNOWMED code:** 938551000000108 (S1 = XabtQ)
- Ensure Pathology/Physical Health Checks (as per LES) have been performed. *Make appropriate changes to medication if required*
- consider Anti-cholinergic Burden (ACB): Ardens template (**overleaf**)

Deterioration?

- As per NICE guidelines (NG97) **do not stop medication** based solely on cognitive decline
- Discuss with GP Practice Dementia Lead and/or Admiral Nurse for supportive advice
- If patient only on AChEI? then consider referral back into Memory Clinic for addition of memantine

REFERENCES

- 1) RCCG Dementia LES
- 2) NICE guideline NG97 (2018) - Dementia: assessment, management and support for people living with dementia and their carers
- 3) NICE TA217 (2018) - Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease

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RCCG Dementia LES 2022

Other Details... Exact date & time Mon 27 Jun 2022 10:05

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LES Guidance | Diagnosis | **Review** | Referral | Assessment & Plan | Resources

Dementia - Review

= Protected income

ardens help & feedback

Assessment

- ★ MCI review
- ★ Dementi...
- GDS level
- ★ Capacity
- Personal ...
- Behaviour
- Mood
- Frailty
- Wandering
- Safeguar...
- Carer
- Carer As...

Impression

Condition

Management

Plan

Lifestyle

Driving

Leaflet

★ Medicati... Dementia medication re... QOF

Resus

Advance ... Dementia medication review (XabtQ) QOF

LPA for ...

SCR-AI

Sianposti...

Memory Sco...

Global Deteri...

Decisions & ... Deprivation ...

Housing & A...

Abbey Pain ... Action

CSDD Corn... Depression ...

Frailty

Herbert Prot...

Safeguarding

Care Team ...

Avoiding Un...

Follow-Up

New Task

Drug Review

New Acute

Quick Print P...

Dementia Q...

Information Print Suspend **Ok** Cancel Show Incomplete Fie

Drug Review

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Home | Review | Plan | Polypharmacy | STOMP | MCA | Reconciliation | DRUM | Not Given | Monitoring | QOF | Notes | Resources

Drug Review

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Anticholinergic Cognitive Burden Scale

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Anticholinergic Burden Scale

Anticholinergic Cognitive Burden Scale

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Anticholinergic Cognitive Burden ...

ACB Calc Medichec

Score 1 drugs: alprazolam, alverine, aripiprazole, asenapine, atenolol, bupropion, captopril, chlorzoxazone, citalopram,